

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 1	
1. CONTRACT/PURCH ORDER/AGREEMENT NO. DESC Contract No.			2. DELIVERY ORDER/CALL NO.		3. DATE OF ORDER/CALL (YYYYMMDD)		4. REQUISITION/PURCH REQUEST NO. Ship's requisition number		5. PRIORITY		
6. ISSUED BY Your Activity (Complete address and code)			CODE Your UIC		7. ADMINISTERED BY (If other than 6) Defense Energy Support Center 8725 John J. Kingman Road, Suite 3815 Fort Belvoir, VA 22060-6222			CODE		8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR Complete contractor address NAME AND ADDRESS			CODE		FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)		11. X IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		
							12. DISCOUNT TERMS				
							13. MAIL INVOICES TO THE ADDRESS IN BLOCK See block 15				
14. SHIP TO Give specifics of exact location of vessel			CODE		15. PAYMENT WILL BE MADE BY Defense Finance & Accounting Service - Columbus Center, Fuels Accounting & Payments Div, ATTN: DFAS-CO-SFFB, P.O. Box 182317, Columbus, OH 43218-6251						
					MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.						
16. TYPE OF ORDER		<input checked="" type="checkbox"/> This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. <input type="checkbox"/> Reference your _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.									
NAME OF CONTRACTOR			SIGNATURE			TYPED NAME AND TITLE			DATE SIGNED (YYYYMMDD)		
If this box is marked, supplier must sign Acceptance and return the following number of copies: _____											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE 97X4930.5CF0 261 1 S33150 (UIC of Ship)(Fund Code)(4 zeroes)											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT
571-61		Marine Gas Oil (MGO)				200		MT			
		Signal Code: A									
		Fund Code: 39 or 43									
		*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA			25. TOTAL		
		BY:				CONTRACTING/ORDERING OFFICER			29. DIFFERENCES		
26. QUANTITY IN COLUMN 20 HAS BEEN		27. SHIP. NO.				28. D.O. VOUCHER NO.		30. INITIALS			
<input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		31. PAYMENT						34. CHECK NUMBER			
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.		<input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL						35. BILL OF LADING NO.			
DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER											
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	